Fill	in this information to identify your ca	ase:		
Del	Dawn K. Bu	rrows		
	otor 2 use, if filing)			
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	
Cas	se number 14-12195			Check if this is:
(If kr	nown)			An amended filing
				A supplement showing post-petition chapter 13 income as of the following date:
0	fficial Form B 6I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/13
atta				about your spouse. If more space is needed, se number (if known). Answer every question
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status*	☐ Not employed	☐ Not employed
	employers.	Occupation	Patient Care Assistant	
	Include part-time, seasonal, or self-employed work.	Employer's name	St. Luke's Univ. HIth Network	
	Occupation may include student or homemaker, if it applies.	Employer's address	801 Ostrum Street Bethlehem, PA 18015	
		How long employed th	nere? 16 Months	

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

16 Months

*See Attachment for Additional Employment Information

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll N/A 2,842.72 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ N/A 3. 0.00 Calculate gross Income. Add line 2 + line 3. 2,842.72 \$ N/A

Official Form B 6I Schedule I: Your Income page 1

Debt	or 1	Dawn K. Burrows	-	(Case r	number (<i>if k</i>	nown)	_	14-121	95		
					For	Debtor 1				ebtor 2		
	Cop	by line 4 here	4.		\$	2,84	2.72		\$	iiig s	N/A	_
5.	l ist	all payroll deductions:			-			_				_
0.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	E.C.	7.21		\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ —		0.00	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$ 		0.00	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		<u>*</u> —		0.00	_	\$		N/A	
	5e.	Insurance	5e) .	\$		9.47	_	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$		0.00	_	\$		N/A	
	5g.	Union dues	5g		\$		0.00	_	\$		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$		0.00	_ +	\$		N/A	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	59	6.68	_	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,24	6.04	_	\$		N/A	<u>.</u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0		¢.				r.		.	
	Oh	monthly net income.	8a 8b		\$		0.00	_	\$		N/A	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive).	Φ		0.00	_	Φ		N/A	<u> </u>
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	: .	\$		0.00	ı	\$		N/A	
	8d.	Unemployment compensation	8d		<u>\$</u> —		0.00	_	\$		N/A	_
	8e.	Social Security	8e	.	\$		0.00	_	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	_	\$		N/A	
	8g.	Pension or retirement income	8g		\$		0.00		\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8n	۱.+ 	\$		0.00	- +	\$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S		0.00		\$		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2	2,246.04]+[}		N/A	= \$	2,246.04
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			,	1 L					
11.	othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe			•		-		hedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certain								12.	\$	2,246.04
13.	Do :	you expect an increase or decrease within the year after you file this form	?								Combi month	ned ly income
		No. Yes Explain:										

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Debtor 1	Dawn K. Burrows	Case number (if known) 14-12195	
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Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Certified Nurse's Assistant	
Name of Employer	Liberty At Home	
How long employed	1 Year	
Address of Employer	250 N. Bethlehem Pike	
	Ambler, PA 19002	

Official Form B 6I Schedule I: Your Income page 3